


COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department of VA
200 Spring Rd
Bedford Ma 01730
Ed Likay

COMPLETE THIS SECTION ON DELIVERY

A. Signature 

B. Received by (Printed Name) _____

C. Date of Delivery 5/23/06

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

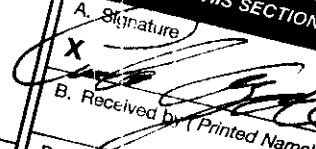
PS Form 3811, February 2004

Domestic Return Receipt

SECTION 1
Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Department VA
200 Spang's Rd
Bedford VA 21730
Est Libby

SECTION 2
COMPLETE THIS SECTION ON DELIVERY

A. Signature


B. Received by (Printed Name)
Date of Delivery
5/2/02

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:


Department of VA
200 8th St SW
Beckham, MO 64731
Ed Luker

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/23/07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

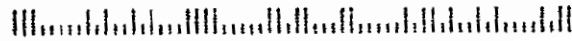
22 MAY 2006 PM 3:51



• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

C073



UNITED STATES POSTAL SERVICE

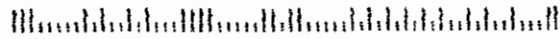
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• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

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UNITED STATES POSTAL SERVICE

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22 MAY 2006 PM 5:11



• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

